

Learning Needs Screening

Interviewer Name _____ Interview Date _____

The following questions are about your school and life experiences. We are trying to find out how it was for you (or your family members) when you were in school or how some of these issues might affect your life now. Your responses will help identify resources and services you might need to be successful securing employment.

How many years of schooling have you had? _____

Check all you have earned: ☐ H.S. Diploma ☐ GED ☐ AA Degree
☐ Tech. /Vocational ☐ Other

What type of job would you like to get? _____

Do you have experience in this area? ☐ Yes ☐ No

If currently employed, where do you work? _____

What makes it hard for you to get or keep this kind of job? _____

What would help? _____

Section A

1. Did you have any problems learning in middle school or junior high school? ☐ Yes ☐ No
2. Do any family members have learning problems? ☐ Yes ☐ No
3. Do you have difficulty working with numbers in columns? ☐ Yes ☐ No
4. Do you have trouble judging distances? ☐ Yes ☐ No
5. Do you have problems working from a test booklet to an answer sheet? ☐ Yes ☐ No

Count the number of "Yes's" from Section A ____x 1=_____

Section B

6. Do you have difficulty or experience problems mixing arithmetic signs (+/x)? ☐ Yes ☐ No
7. Did you have problems learning in elementary school? ☐ Yes ☐ No

Count the number of "Yes's" from Section B ____x 2=_____

Section C

8. Do you have difficulty remembering how to spell simple words you know? ☐ Yes ☐ No
9. Do you have difficulty filling out forms? ☐ Yes ☐ No
10. Did you (do you) experience difficulty memorizing numbers? ☐ Yes ☐ No

Count the number of "Yes's" from Section C ____x 3=_____

Section D

11. Do you have trouble adding and subtracting small numbers in your head? ☐ Yes ☐ No
12. Do you have difficulty or experience problems taking notes? ☐ Yes ☐ No
13. Were you ever in a special program or given extra help in school? ☐ Yes ☐ No

Count the number of "Yes's" from Section D ____x 4=_____

Total Yes's Multiplied by factors indicated for Sections A, B, C, D _____

(Refer to the Learning Disability Policy Manual for further information on screenings and referrals)

This is an example you may choose as a tool to conduct the Learning Needs Screening.